

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09785254	FILING DATE 02-16-01					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		101		51		1				
2	1				102		52		1				
3	1				103		53		1				
4		1			104		54		1				
5		1			105		55		1				
6		1			106		56		1				
7		1			107		57	1					
8		1			108		58	1					
9	1				109		59		1				
10		1			110		60		1				
11		1			111		61		1				
12		1			112		62		1				
13		1			113		63		1				
14		1			114		64						
15		1			115		65						
16		1			116		66						
17		1			117		67						
18		1			118		68						
19		1			119		69						
20		1	1		120		70						
21		1			121		71						
22		1			122		72						
23		1			123		73						
24		1					74						
25		1					75						
26		1					76						
27		1	1				77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1	1				85						
36		1					86						
37		1					87						
38		1	1				88						
39		1					89						
40		1					90						
41		1					91						
42		1					92		1				
43		1					93			1			
44		1	1				94		1				
45		1					95						
46		1					96						
47		1	1				97						
48		1					98						
49		1					99						
50		1	1				100			1			
TOTAL IND.		6			11		TOTAL IND.	6		10			
TOTAL DEP.					112		TOTAL DEP.	57		89			
TOTAL CLAIMS					123		TOTAL CLAIMS	63		99			